

**PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT
EXTRA HELP/OVERTIME APPROVAL FORM**

THIS FORM MUST BE FORWARDED TO THE PERSONNEL OFFICE FOR APPROVAL **BEFORE** OVERTIME OR EXTRA HELP TIME IS WORKED.

Employee Name _____ SSN _____

Campus/Department _____

Reason for Extra Help/Overtime: _____

Date(s) Extra Help/Overtime Needed: From _____ To _____

Number of Day(s)/Hour(s) needed to complete job: Day(s) _____ Hour(s) _____

Check type of compensation requested:

Overtime Pay _____ **Comp Time** _____

This form must be completed and signed by the principal/director requesting the extra help/overtime for their campus or department.

Signature of Principal/Director

Date

AGREEMENT: By typing my name above, I agree that this will become my electronic signature and is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Approved

Denied

Assistant Superintendent for Administrative Services

Date